

## ADMISSION AGREEMENT

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Name \_\_\_\_\_

Emergency Phone Number if parent will not be on-site \_\_\_\_\_

Persons authorized to pick up the child:

| Name | Relationship to Child | Address | Phone Number |
|------|-----------------------|---------|--------------|
|      |                       |         |              |
|      |                       |         |              |
|      |                       |         |              |

Name of child's physician/clinic. \_\_\_\_\_

Does your child have any allergies? If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions? If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Are all of your child's immunizations current? \_\_\_\_\_

I attest that the above information is complete and correct.



\_\_\_\_\_

(Parent Signature)

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.



\_\_\_\_\_

(Parent Signature)